



APPLICATION FOR USE OF FACILITIES AND EQUIPMENT

- 1) Today's Date _____
- 2) Organization _____
- 3) Applicant Name _____
- 4) Address _____
- 5) Phone _____
- 6) E-Mail _____
- 7) Person in Charge (if other than applicant)
Name _____
Phone _____

- 8) Activity Type _____
- 9) Date(s) of Use _____
- 10) Time Rental Begins _____ Time Rental Ends _____
- 11) Time event is open to guests or public _____
- 12) Is room setup needed? YES NO
If yes, please provide a diagram or detail needs here.

- 13) Number of people expected? Min. _____ Max. _____
- 14) Is organization a civic or community organization? YES NO
- 15) Does user collect fees? YES NO
Admissions: Adults \$ _____ Youth \$ _____
- 16) Proceeds will be used for? _____
- 17) Will food and beverages be served? YES NO
Requests for alcohol can only be made by residents and only for the Cherry Hill Shelter. A written request must accompany the application and is subject to the Director's approval. An ABC License is required.

18) Space Requested

- Art Room Half Gym
- Community Room Full Gym
- Senior Center 1 (Left) Cherry Hill Shelter
- Senior Center 2 (Right) Roberts Park Shelter
- Full Senior Center Madison Park Shelter
- Kitchen Berman Park Shelter
- U " h

The Teen Center is only rented as part of the Party Package (3 hours total; R: \$100, NR:\$200) and the half-gym can be rented as part of a Party Package with another room (3 hours total with 1 of those hours in the gym; R: \$90, NR: \$180).

19) Equipment Requested: (enter quantity where applicable)

- Tables _____ TV/DVD _____
- Chairs _____ Coffee Pot _____
- Podium _____ Microphone _____
- Other (Specify) _____

* Cherry Hill Farmhouse and Barn reservation requests must be applied for separately through the Cherry Hill Farmhouse coordinator at 703-248-5171. More information about the Farmhouse and Barn can be found at www.fallschurchva.gov/cherryhillfarmhouse.

* Security Deposit will be fully refunded at the end of the reservation if the space is left in the same condition as it was found.

The undersigned certifies that he/she is familiar with the Falls Church Recreation & Parks Department policies and regulations as stated on the accompanying pages of the agreement, and that these shall be enforced as well as honored by the using group. The undersigned further certifies that he/she is the authorized representative to act for and accept the responsibility for the organization.

Signature of Representative

PERMIT NOT TRANSFERABLE

FOR OFFICE USE ONLY

- Type of Rental: Civic-Resident Civic Non-Resident
 Private Resident Private Non-Resident
 For-Profit City For-Profit Non-City

Total Balance \$ _____

Space Assigned _____

Room Rental Fee:

No. of Hours _____ No. of Meetings _____
 Rate for first hour _____ Rate for each additional hour _____
 Total _____

Personnel Fees:

Supervisory: No. of Hours _____ Hourly Rate _____
 Custodial: No. of Hours _____ Hourly Rate _____
 Total _____
 Other Fees _____
 Total Amount \$ _____
 Security Deposit \$ _____

RECREATION & PARKS DEPARTMENT

APPROVED DENIED

Director of Recreation & Parks

Comments _____

